HOUSE BILL 1207
By Kumar

SENATE BILL 1041

By Haile

AN ACT to amend Tennessee Code Annotated, Title 4; Title 29; Title 33; Title 38; Title 39; Title 40; Title 41; Title 49; Title 53; Title 56; Title 63; Title 68 and Title 71, relative to substance abuse.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Section 68-1-128, is amended by adding the following new subsection (c) and redesignating existing subsections accordingly:

(c)

(1) In addition to identifying high volume prescribers pursuant to subsections (a) and (b), beginning July 1, 2017, and annually thereafter, the department of health shall identify the prescribers who are in the top twenty percent (20%) of prescribers of opioids in this state for the prior year. The department shall use data available in the controlled substances database established pursuant to title 53, chapter 10, part 3 to make the identification.

(2) If a prescriber is identified as a high volume prescriber of opioids pursuant to subdivision (c)(1), the department shall submit the identified prescriber's name to the staff of the board that issued the prescriber's license. Upon relaying the information to the board, the board shall notify the prescriber of the prescriber's identification as a high volume prescriber and require the prescriber to:

(A) Participate in continuing medical education that is designed to inform providers about the risks, complications, and consequences of opioid addiction. The specific continuing medical education courses and

number of hours to be completed by the prescriber shall be determined by the department;

(B) Make available, in the prescriber's waiting room or clinic areas where the prescriber's patient can view, literature that warns persons of risks, complications, and consequences of opioid addiction. The specific literature to be made available pursuant to this subdivision (c)(2)(B) shall be determined by the department;

(C) Send an advisory letter to any of the prescriber's patients that reach 40 MME (morphine milligram equivalent) of daily use regarding the risks, complications, and consequences of opioid addiction. In order to continue to treat the patient, the provider must assure that the letter is signed by the patient, made part of the patient's health record, and a copy sent to the department; and

(D) Reissue an advisory letter described in subdivision (c)(2)(C) to patients who reach 60 MME (morphine milligram equivalent) of daily use.

(3) An identified prescriber must comply with the requirements set out in subdivision (c)(2) for a period of one (1) year from the time the provider was notified of the provider's identification as a high volume prescriber of opioids. Failure of a prescriber to comply with the requirements set out in subdivision (c)(2) shall be treated as an act constituting unprofessional conduct for which disciplinary action may be instituted under the authority of the board that issued the prescriber's license.

(4) All costs associated with this subsection (c) shall be paid by the identified provider.

(5) If the provider disputes the identification of the provider as a high volume prescriber of opioids, the provider may request a contested case hearing. Any contested case hearing held pursuant to this subdivision (c)(5) shall be

conducted in compliance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.